



**ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES  
TOTAL RETENTION FACILITIES  
TOTAL RETENTION FACILITIES with LAND APPLICATION  
WASTEWATER BYPASS FORM**

to protect attractive, prosperous Oklahoma

DEQ Facility ID: 530601 ~~530603~~ Facility Name: Rural Water & Sewer County: Pittsburg  
District No. 20

Report all Total Retention Facility and  
Total Retention Facilities with Land Application  
wastewater bypasses to  
DEQ/ Environmental Complaints and Local Services  
within **24 hours** at:

**1-800-522-0206**

**Mail or Fax** written report including copies of ANY test results  
within **5 days** to:

**Department of Environmental Quality  
Environmental Complaints and Local Services  
P.O. Box 1677  
Oklahoma City, OK 73101-1677  
Fax No. (405) 702-6226**

DEQ notified: 3 7 2018 9:10 ☒ AM ☐ PM  
Month Day Year Time

Period of bypass: From 03 07 2018 11:00 ☒ AM ☐ PM  
Month Day Year Time  
To 03 11 2018 11:00 ☒ AM ☐ PM  
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass: ☒ Raw ☐ Partially Treated Amount of Bypass: 3,000,000 Gallons  
Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☒ pH ☐ None ☒ Other: TOTAL COLIFORM  
E. Coli ABSORB

Geographical location of bypass and receiving stream if appropriate:

N 35° 12' - 33.46" / W 095° 32' - 21.92 RWD #20 PITTSBURG LAGOON #3

Reason for bypass: CONTROLLED BYPASS TO REMOVE RAINWATER AND AVOID FURTHER UNCONTROLLED BYPASS

Steps taken to prevent recurrence: TESTING - REMOVING RAINWATER - LIMBS WILL BE APPLIED

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? \_\_\_\_\_

Impact to receiving stream and /or surrounding areas: NONE

Steps taken to clean up or treat bypass: LIMBS

Reported by: Laci Allen Title: Admin Manager  
Signature: [Signature] Date: 3-7-18  
Facility Representative

**DEQ EPS USE ONLY:**

Type of Contact: ☐ Phone or ☐ Site Visit Date: \_\_\_\_\_ Follow up Site Visit ☐ Date: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: \_\_\_\_\_

Reason for bypass: \_\_\_\_\_

Steps taken to prevent recurrence: \_\_\_\_\_

Impact to receiving stream and/or surrounding areas: \_\_\_\_\_

Steps taken to clean up or treat bypass: \_\_\_\_\_

Corrective action needed: \_\_\_\_\_ Comply by date: \_\_\_\_\_

Reported information confirmed: ☐ Yes ☐ No If no, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
ECLS Representative